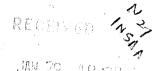


HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org THIS SPACE FOR OFFICE USE ONLY



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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST	(,),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
NAME(Last)	(First)	(Middle)	TELEPHONE		
NATORI	NATHAN	T.	275.0100		
MAILING ADDRESS (Street)		FAX			
1001 BISHOP STRE	275.0199				
(City)	(State)	(Zip	(Zip Code)		
HONOLULU	HI	96813			
EMPLOYING ORGANIZATION (TELEPHONE				
DAVIS WRIGHT TRE	275.0100				
MAILING ADDRESS (Street)	FAX				
1001 BISHOP STRE	275.0199				
(City)	(State)	(Zip	Code)		
HONOLULU	HI		96813		

DADT II ODCANIZATION				
PART II ORGANIZATION NAME OF ORGANIZATION YOU LOB	TELEPHONE			
INSURANCE AUTO AUCTIO	847.839.4102			
MAILING ADDRESS (Street)	FAX			
850 EAST ALGONQUIN RO	847.839.3999			
(City)	(State)	(Zip Code)		
SCHAUMBURG IL 60173				
NAME OF PERSON RESPONSIBLE FOR	TELEPHONE			
HOLLY MIRANDA		(847) 839-4221		
MAILING ADDRESS (Street)	<u> </u>	FAX		
850 EAST ALGONQUIN RO	847.839.3999			
(City)	(State)	(Zip Code)		
SCHAUMBURG	IL	60173		

PART III DESCRIPTION C	F SUB.	JECTS UPON WHIC	н үс)U	FXPECT TO LOBE	·V		
1				<u> </u>	<u> </u>	<u> </u>		
Agriculture		Education		1	Human Services		Science, Technology a Economic Developme	
Communications & Public Utilities		Government Operations & Finance		ı	Intergovernmental Relati International Affairs	ions,	Tourism & Recreation	
X Consumer Protection & Commerce		Hawaiian Affairs	1	1	Labor & Employment	X	Transportation	
Culture, Arts, Historic Preservation	H	Health	1.	I	Planning, Land & Water Use Management	1 1	Other: (indicate below)	
Ecology, Energy Environmental Protection	1 1	Housing .	I	1.	Public Safety & Correction	ns		
		• ••••••••••••••••••••••••••••••••••••						
PART IV CERTIFICATION			-					
I hereby certify that the in	formatio	on furnished above is	, to t	he	best of my knowled	ge, correct	and complete.	
in with J	_	tu				126/02	-	
		e of Lobbyist)	(Date)					
PART V AUTHORIZATION	TO LO							
PART V AUTHORIZATION NAME	10 LU	ВВУ	TITI	= (OF AUTHORIZING OFFI	CER OR DEC	2001 DEODEOGUES	
SIDNEY KERLEY			VIC	E	PRESIDENT LE	GAL DEP	ARTMENT	
NAME OF ORGANIZATION (if applicable)				TELEPHONE			E	
INSURANCE AUTO AUCTIONS, INC.				(847) 839-4169			839-4169	
MAILING ADDRESS (Street)						FAX		
850 EAST ALGONQUIN ROAD, SUITE 100				847.839.3999				
(City)		(State)		(Zip Code)				
SCHAUMBURG		IL	60173					
I hereby authorize the abo	ve — nai	med person to engag	e in l	ob	bving activities on b	ehalf of the	undersigned	
	_							
Ditray L. KE	Caj					1.03		
(Signature of Authorizing officer or Person Represented)) (Date)			